								Application or Docket Number				• •			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										0/785,182					
			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTIT												
TOTAL CLAIMS			16					RATE FEE		]	RATE	FEE -			
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			Ominus 20=		. /			XS 9=		OR	X\$18=				
INDEPENDENT CLAIMS			3 minus 3 =		. /			X43=			ОЯ	X86≖			
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT						. 1		OR	+290=			
- 11	the difference	in column 1 is	ess than zero, enter "0" in			column 2		TOTAL	: 1		OR	TOTAL	770		
12.8 06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL	THAN		
AMENDMENTA		CLAMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO	EST BER XUSLY	PRESENT EXTRA		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 17	Minus	- 6	0			X\$ 9=	П		OR	X\$18=			
	Independent	• 3	Minus		3			X43=	7		OR	X85=			
٤	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=	1			+290=			
								101/			OR	TOTAL			
· ` (Column 1) (Column 2) (Column 3)								ODIT. FE	EL		OR	ADDIT. FEE			
	<u> </u>	(Column 1)		HIGH		(CORDINI S)	1		-	ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL		
	Total	•	Minus	**				XS 9=	1		OR	X\$18=			
	Incependent	•	Minus	200		•		X43=	T		OR	X86=	•		
Ш	FIRST PRESE	NTATION OF ML	LTIPLE DE	PENDENT	CLAIM		<b>'</b> [	+145=	1		OR	+290=			
						•	_	TOTA		·	OR	YOYAL ADDIT, FEE			
		(Column 1)		(Colum	n 2\	(Column 3)	- ^		E		•	ADDII, FEE	·		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST JER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total .	•	Minus .			oʻ		X\$ 9=	T		OR	X\$18=			
	Independent	•	Minus	ori:		•	-	X43=	十			X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~~ <u>~</u>	╀		OR	700-			
. 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
TOTAL OR Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE															
		ber Previously Paid					r tour	d in the a	ppro	priate box	in cot	umn 1.			